



APPLICATION FOR RECORDS RETENTION SCHEDULE

Georgia Department of Labor
Employment Security Agency
Administrative Services Division
Records Management and Controls

INSTRUCTIONS: The Records Management Officer of the Agency's Records Management and Controls Unit will be of assistance in completing this form. After Division Director/Designee has signed the form, forward original to Administrative Services Division, Records Management and Controls, 130 Memorial Drive, S. W., Atlanta, Georgia 30303. Attention: Records Management Officer

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Georgia Department of Labor Benefit Payments Section 154 Washington Street Atlanta, Georgia 30334	Application Number 81-376	
Application Number		Date Received JUL 20 1981	Date Completed AUG 7 1981
2. Person to Contact Glenda Howard		Working Title Claims Examiner	Telephone Number 656-3136
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest 1971 current	5. Records Series Title (followed by title used in office, if different) Corrected Social Security Files		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Unemployment Insurance Compensation Division plans and directs the determination of employer liability, collection of taxes and wage reports, and processes claims in accordance with the Georgia Employment Security Law, and administers the federal UIC program. The Claims Administration or Benefit Payments Section supervises the receipt, processing and payment of claims for unemployment compensation benefits and maintains individual claimant records. The Overpayment Unit audits and collects all overpayment accounts on UI benefit claims and maintains centralized records on these accounts which are coordinated through the claims center in the field.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: the correction of social security number, evidence of change and original number (copy), and communications with claims center and claimant Included are: ESA-157 Claims Memorandum ESA-157.13 " ", form letter interstate overpayment ESA-404 Request for Wage and Separation Information ESA-419 Notice to Base Period Employers of Claim Filed (Original returned to Central Office) ESA-1878 Wage Report Look Up-facilitative worksheet random print-out from terminal query, 10-15 pages @ File is arranged: arranged alphabetically by surname			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>10</u> ; Seven to twelve months old <u>5</u> ; Thirteen to twenty-four months old <u>1</u> ; twenty-five months and older <u>1</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>1</u> ; Legal-size drawers _____ ; Shelves _____ ; Other (specify) _____			

(Over)

ESA-144 (3/80)
(AR-50-71)

YES	NO	10. Questionnaire (Place an "X" in the proper column)
x		a. Is this the official copy of the series? If not, where is it?
x		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. Ga Code Ann. 54-642.1
x		c. Is this a vital record?
	x	d. Does this series have historical or long term research value?
	x	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	x	f. Is the information contained in this series ever published? If yes, attach copy.
	x	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	x	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>These are centralized copies; all originals are in claim centers</u>
	x	i. Is this series (or a major portion of it) regularly microfilmed?
	x	j. Does the record series result in a computer printout? <u>includes some print-outs of limited volume</u>

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ 3 _____ years. |
| c. Federal Law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

This series will not be used by the General Counsel's office as evidence in any proceeding. This series is a centralized, facilitative set of copies which serves the checking and change of social security numbers. The social security number is the primary arrangement key and primary descriptor into the data base for wages paid. The claims centers hold the original document for many purposes besides the function of identifying overpayments.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then.

☒ Hold in the current files area _____ 6 _____ month(s) _____ year(s); then

☐ Transfer to local holding area; hold _____ year(s); then

☒ Transfer to State Records Center; hold _____ 2.5 _____ year(s); then

☒ Destroy.

☐ Transfer to State Archives for permanent retention.

☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Division Director/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	7/10/81	<i>William H. Johnson</i>	7-9-81
ESA Director (Signature)	Date	State Records Committee (Signature)	Date
<i>[Signature]</i>		<i>Michael V. Venetky</i>	7/8/81
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee		
	Secretary of State/Designee	<i>Carroll T. Hart</i>	7-27-81
	Attorney General/Designee	<i>[Signature]</i>	8-7-81